FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2017

PAY TO:

City of Lock Haven Tax Office – LST Tax 20 East Church Street

Lock Haven, PA 17745 PHONE:(570)893-5621

Preparer Signature: _____Date: ____

FOR QUARTER ENDING: March 31, 2017 1st Qtr 2017 DUE ON OR BEFORE: April 30, 2017

TO:

Local Service Tax Levied By:

\$47.00 CITY OF LOCK HAVEN \$5.00 KEYSTONE CENTRAL SCHOOL DISTRICT

(A)	TOTAL NUMBER OF EMPLOYEES REPORTED		
(B)	AMOUNT DEDUCTED FROM EMPLOYEES: (\$1.00 PER WEEK PER EMPLOYEE)	\$	
(C)	EMPLOYER COMMISSION 2% (B) X 0.02	\$ -	
(D)	PENALTY (If submitted after due date) 5% (B) X .05	\$	
(E)	INTEREST (If submitted after due date) ½% (B) x 0.005 x Number of months	\$	
(F)	TOTAL: (B) minus (C) + (D) + (E) = (F)	\$	

(Please provide an employee listing with this quarter)

FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2017

2nd Qtr 2017

PAY TO

City of Lock Haven Tax Office – LST Tax 20 East Church Street

Lock Haven, PA 17745 PHONE:(570)893-5621

Preparer Signature: ______Date: ____

FOR QUARTER ENDING: June 30, 2017

DUE ON OR BEFORE: July 31, 2017

TO:

Local Service Tax Levied By:

\$47.00 CITY OF LOCK HAVEN

\$5.00 KEYSTONE CENTRAL SCHOOL DISTRICT

(A)	TOTAL NUMBER OF EMPLOYEES REPORTED	
(B)	AMOUNT DEDUCTED FROM EMPLOYEES: (\$1.00 PER WEEK PER EMPLOYEE)	\$
(C)	EMPLOYER COMMISSION 2% (B) X 0.02	\$ -
(D)	PENALTY (If submitted after due date) 5% (B) X .05	\$
(E)	INTEREST (If submitted after due date) ½% (B) x 0.005 x Number of months	\$
(F)	TOTAL: (B) minus (C) + (D) + (E) = (F)	\$

(Please provide an employee listing with this quarter)

FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2017

PAY TO:

City of Lock Haven Tax Office – LST Tax 20 East Church Street

Lock Haven, PA 17745 PHONE:(570)893-5621

Preparer Signature: ______Date: _____

FOR QUARTER ENDING: September 30, 2017 3rd Qtr 2017 DUE ON OR BEFORE: October 31, 2017

TO:

Local Service Tax Levied By:

\$47.00 CITY OF LOCK HAVEN \$5.00 KEYSTONE CENTRAL SCHOOL DISTRICT

(A)	TOTAL NUMBER OF EMPLOYEES REPORTED		
(B)	AMOUNT DEDUCTED FROM EMPLOYEES: (\$1.00 PER WEEK PER EMPLOYEE)	\$	
(C)	EMPLOYER COMMISSION 2% (B) X 0.02	\$ -	
(D)	PENALTY (If submitted after due date) 5% (B) X .05	\$	
(E)	INTEREST (If submitted after due date) ½% (B) x 0.005 x Number of months	\$	
(F)	TOTAL: (B) minus (C) + (D) + (E) = (F)	\$	

(Please provide an employee listing with this quarter)

FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2017

PAY TO:

City of Lock Haven Tax Office – LST Tax 20 East Church Street

Lock Haven, PA 17745 PHONE:(570)893-5621

Preparer Signature: ______Date: _____

FOR QUARTER ENDING: December 31, 2017 4th Qtr 2017 DUE ON OR BEFORE: January 31, 2018

TO:

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Local Service Tax Levied By:

\$47.00 CITY OF LOCK HAVEN \$5.00 KEYSTONE CENTRAL SCHOOL DISTRICT

	(A)	TOTAL NUMBER OF EMPLOYEES REPORTED		
,	(B)	AMOUNT DEDUCTED FROM EMPLOYEES: (\$1.00 PER WEEK PER EMPLOYEE)	\$	
	(C)	EMPLOYER COMMISSION 2% (B) X 0.02	\$ -	
	(D)	PENALTY (If submitted after due date) 5% (B) X .05	\$	
	(E)	INTEREST (If submitted after due date) ½% (B) x 0.005 x Number of months	\$	
	(F)	TOTAL: (B) minus (C) + (D) + (E) = (F)	\$	

(Please provide an employee listing with this quarter)